

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-562,550

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	2		1			
5	2		1			
6	①		1			
7	①		1			
8	①		1			
9	①		1			
10	①		1			
11	①		1			
12	①		1			
13	①		1			
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	14	←	12	←		←
TOTAL CLAIMS	15		13			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL DEP.	←		←		←	←
TOTAL CLAIMS	15		13			